

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031276

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 582

FILED AUG 26 1963

## 1. PLACE OF DEATH

a. COUNTY

BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Columbia

Length of stay in lb

17 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Univ. Mo. Med. Cent.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Cole

c. CITY  
OR TOWN

Osage City

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

JAMES

ROBERT

CRANE

4. DATE  
OF DEATH

Month

Day

Year

8

21

63

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-9-13

## 9. AGE (last birthday)

49

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Night Club OWNER

## 11. BIRTHPLACE (City and state or country)

Boone Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

ED CRANE

## 13b. MOTHER'S MAIDEN NAME

Ethel Josephine Sapp

Mary Lou Crane

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

Yes ☒ No ☐ Unknown ☐ World War II

## 16. SOCIAL SECURITY NO.

Univ. Mo. Med Center Records

## 19. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardio-respiratory arrest

## DUE TO (b)

Central adenoma + hemorrhage

## DUE TO (c)

Dissecting aortic aneurysm

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Essential hypertension

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☐

## SUICIDE ☐

## HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from August 4, 1963, August 21 and last saw her alive on August 21, 1963. Death occurred at 10:22 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

William C. McKee M.D.

## 22b. ADDRESS

336 West Pine, Columbia

## 22c. DATE SIGNED

8/24/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Aug. 24, 63

## 23c. NAME OF CEMETERY OR CREMATORY

Riverside

## 23d. LOCATION (City, town, or county)

Jefferson City, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Tanner Funeral Home Jeff. City, Mo.

## 25. DATE RECD. BY LOCAL REG.

Aug 22 1963

## 26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

R.M. King

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1. 109

2. 0261

3.

4. 0

5. 1

6.

7. 0

8. 1

9. 9

10. 1

11.

12. 2-0

13. 3-0

SEP 6 1963

AUG 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Orin L. Jones*

Licensed Embalmer No.

*4411*

P. O. Address

*Belle Me.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.